



MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION ASSISTED HOUSING

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>	Survey Completion Date: 7/30/2024
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Name of Facility: Apple Ridge Administrator: Robin Boggs Level III Residential Care Facility. Census: 1 Total Capacity: 3 License Number: RCC34	Address: 27 Stoddard Pond Road Bowdoin, ME 04287-7745
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<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
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<p>Apple Ridge, a Level III Residential Care Facility, is not in compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities and Infection Prevention and Control, Part of 10-144, Chapter 113.</p> <p>The following was not met:</p> <p><b>7 MEDICATIONS AND TREATMENTS</b></p> <p><b>7.12 Medication/treatment administration records (MAR) for medications administered by the residential care facility.</b></p> <p><b>7.12.1</b> Individual medication/treatment administration records shall be maintained for each resident and shall include all treatments and medications ordered by the duly authorized licensed practitioner. The name of the medication, dosage, route and time to be given shall be recorded in the medication/treatment administration record. Documentation of treatments ordered and time to be done shall be maintained in the same manner. These rules apply only to treatments ordered by licensed health care professionals. <i>[Class III]</i></p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure all medications ordered PRN (as needed standing orders) were</p>	<p style="text-align: right;">Click or tap here to enter text.</p>
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<p>included on the MAR (Medication Administration Record) for 1 of 1 resident records reviewed. (Resident #1.) In addition, the facility failed to maintain the MAR by removing medications that were not on a current PRN order for 1 of 1 resident records reviewed. (Resident #1.)</p> <p>Findings:</p> <ol style="list-style-type: none"><li>1. Resident #1's MARs for 6/1/2024 through 7/25/2024 and PRN standing orders dated 3/6/2024 were reviewed. There was no evidence that one (1) PRN standing order (Pepto Bismol) was transcribed on the MARs reviewed.</li><li>2. Resident #1's MARS for 6/1/2024 through 7/25/2024 were reviewed. The MARs reviewed had one (1) treatment transcribed (Carnation Instant Breakfast) that was not on the 3/6/2024 PRN standing orders.</li></ol> <p>On 7/25/2024 these findings were confirmed with the Regional Supervisor at the exit interview.</p> <p><b><u>This is a repeat deficiency from the 7/28/2022 statement of deficiencies.</u></b></p> <p><b>14 Safety Standards</b></p> <p><b>14.3 Drills or rehearsals</b></p> <p><b>14.3.2</b> Facilities with 3 or more beds shall conduct drills or rehearsals of the emergency steps to be taken at irregular times of the day, at least 6 (six) times per year spaced throughout the year. Two of the six drills must be conducted while residents are asleep. <i>[Class II]</i></p>		



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<p>This has not been met as evidenced by:</p> <p>Based on records review and interview the facility failed to have documented evidence that drills or rehearsals of the emergency steps to be taken were conducted at least 6 times per year with two drills conducted while the residents were asleep.</p> <p>Finding:</p> <p>On 7/25/2024 the surveyor reviewed the documentation for all drills conducted between 8/4/2023 and 7/25/2024. Documentation showed only 4 fire drills completed. (1/18/2024 at 9:00 a.m., 2/7/2024 at 3:45 p.m., 3/30/2024 at 10:00 p.m., and 4/25/2024 at 3:15 p.m.) The surveyor also reviewed documentation for all drills conducted between 8/4/2022 and 8/4/2023. Documentation showed only 3 fire drills completed. (3/21/2023 at 5:35 a.m., 4/28/2023 at 6:15 a.m., and 5/30/2023 at 6:00 p.m.)</p> <p>This finding was confirmed with the Regional Director at the time of the survey and at the exit interview on 7/25/2024.</p> <p><b>17 SANITATION AND SAFETY</b></p> <p><b>17.1.1</b> The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion.</p> <p>This has not been met as evidenced by:</p>		



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<p>Based on interview and observation, the facility failed to show evidence of routine maintenance and housekeeping and repair of wear and tear made in a timely fashion.</p> <p>Findings:</p> <p>On 7/25/2024 an inspection of the facilities premises was completed. The following was observed:</p> <ol style="list-style-type: none"><li>1. The flooring in the dining room was bubbling, making for an uneven surface.</li><li>2. The wooden flooring in the living room was lifting away from the floor causing an uneven surface.</li><li>3. The heat vent in a resident's room was loose and not screwed down.</li><li>4. The resident bathroom had wet areas around the toilet and baseboard by the bathtub.</li></ol> <p>On 7/25/2024 a walk-through of the premises was completed with the Regional Director who confirmed the findings above.</p>		